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FRACTURE OF THE THIGH BONE.—THE LATE SUIT AGAINST DR. COLBY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The suit, “William Nelson *vs.* Moses F. Colby,” which has been long pending in the courts of this County, and with which your readers have been made somewhat acquainted, is at last ended; and presuming that a brief statement of the case, and its result, may be of some interest to the profession, I send you a brief outline, not at this time attempting to detail the testimony which has been put into the case on the several trials which have been had, but confining myself to the facts, as finally disclosed, upon *post-mortem* examination of the femur in dispute. The cause was finally disposed of, on the 26th of June last, being the first day of the term of Orleans County Court, by the rendition of final judgment, in favor of Dr. Colby, entered by consent of the plaintiff, and without trial, the defendant waiving his costs, for the purpose of thus ending the vexatious and tedious controversy. Thus ended an almost seven years’ contest, by the voluntary abandonment of his suit on the part of the prosecutor.

Some idea of the position of the suit and the character of the charges against Dr. C., is given in your remarks contained in the Journal of May 29th, and in the Note from Dr. Barrett, in that of June 19th. From the communication of the latter gentleman, it will be seen that pending the suit Mrs. Nelson (the subject of the disputed fracture) deceased; that the femora were taken from the body, committed by the plaintiff to Dr. Barrett, by him cleaned, and some months afterwards delivered to the custody of Mr. Andrus. Since the *post-mortem* examination, no trial of the cause has been had: and it may be proper to remark that the bones have continued, *exclusively*, in the hands or control of the plaintiff or his agents; that the defendant has had no opportunity to inspect the bones since the dissection. Hence I send you the statements of Drs. Richmond, Breadon and Kendall, and O. Newcomb, Esq., who were present at the *post-mortem* examination, and describe the peculiar appearances of the right thigh bone, as noted by them at the time. Also annexed is a copy of the deposition of Professor Crosby, who fortunately had an opportunity to examine the bones, quite lately, on the occasion of their being presented to him by the agents of Mr. Nelson, with a view of procuring his opinion as to the existence of fracture.

Also, appended, is a second statement of Dr. Richmond, giving the appearances of the bone as exhibited after it had been divested of its fleshy covering.

Respectfully yours,

Derby, Orleans Co., Vt., July 8, 1844.

S. B. COLBY.

STATEMENT OF DR. RICHMOND.

In the *post-mortem* examination of Mrs. Nelson's thigh bones, I was less particular in noting appearances at the time, than I should have been, had not Mr. Nelson's attorney assured those present that another and more favorable opportunity should be had as soon as the soft parts were completely removed; and as the attorney, previous to the examination, said to me that it was his and Capt. Nelson's wish that I should take the bones into my keeping, after the examination, which would have afforded me ample opportunity to examine at my leisure.

Points of difference.—Want of symmetry in upper portions of bone. Right thigh 7-16ths of an inch shorter than left. Right trochanter more flat upon its outer surface than natural, very broad; the left convex or curved, and narrow. Right trochanter projects, or extends up from its junction with neck of thigh bone, much farther than left. Neck of right thigh bone approaches more nearly to a right angle with shaft than left. The sinus of the right, between trochanter major and neck, was irregular and deeper than left, and partially within this, a point spicula, or process of bone, quite slim and pointed, about $\frac{3}{16}$ ths or $\frac{1}{4}$ th of an inch long, projects upward; none on left to correspond. At the superior and anterior part of the trochanter major commences an irregular elevation, which extends downward and inward, and terminates a little below the trochanter minor, at the outer margin of which is a corresponding large depression, or groove. The left presents the ordinary appearance of the parts.

Derby, June 1, 1843.

(Signed) LEM'L RICHMOND, M.D.

STATEMENT OF DR. BREADON.

On Sunday morning, the 1st of January last, I was requested by Dr. Barrett to be present at the *post-mortem* examination of the right femur of the late Mrs. Nelson. I did not arrive at the house of Capt. Nelson until after the removal of the bone, on the 2d of January; and on entering the room in which the examination took place, I found the right femur lying on a table, and in it a striking enlargement of bone, between the trochanter major and trochanter minor, arrested my attention. I particularly observed a bony ridge and depression (the depression or groove being on the opposite side of the bone) situated, as well as I can recollect, between the trochanters, and likewise a spiculum of bone between the trochanter major and neck of the femur. I also remarked a difference in the angle of the neck, at its junction with the shaft—that of the injured side approaching more nearly to a right angle. These appearances, in connection with the accident met with by Mrs. N. several years back, left no doubt on my mind as to the existence of a fracture, at the time she was thrown out of a waggon, when it occurred; and to which effect I unreservedly expressed my opinion to the gentlemen who were

present at the examination. I also understood, from the gentlemen present, that by measurement, the right femur was found to be 7-16ths of an inch shorter than the left. (Signed) JOSEPH BREADON,

June 2d, 1843.

Assistant Surgeon H.P.R.N.

STATEMENT OF DR. KENDALL.

Jan. 2d, 1843. I was present and witnessed a *post-mortem* examination of Mrs. Nelson, wife of Capt. William Nelson, of Derby, this day. Both thigh bones were removed from the body, and carefully separated from the investing muscles and ligaments, when the following appearances in the two bones were observable and plainly existed—viz., The upper projecting portion of the trochanter major, of the right os femoris, was separated by a fissure of two lines in breadth. A furrow or groove extending from said fissure, across the trochanter major, in a direction outward, downward, a little backward, strongly marked at its commencement, and diminishing in width and depth evenly till it arrives at a point opposite to the trochanter minor, when it disappears. On the anterior and interior surface of said bone, commencing near the upper and inner edge of the trochanter major, and descending downward along the junction of the neck and shaft of said bone, a strongly-marked ridge, or elevation, of irregular and uneven surface, and continued outward to a point opposite and a little below the root of the trochanter minor; large at its commencement, diminishing in its descent, and disappearing at the point before mentioned. The groove and eminence above named on opposite sides of the bone, run in a direction corresponding to each other, and if continued onward till they intersected each other, would meet at a point 1 1-4 or 1 1-2 inch below the trochanter minor. The hollow between the trochanter major and neck of the bone, filled to a considerable extent with bony elevations, of irregular shape and surface, presenting some sharp spiculae of bone. The fissure and groove in the trochanter major, mentioned above, assumed as a line of division, would separate the anterior third, as near as I could estimate, from the remainder of that protuberance, and the superior margin of the anterior portion, elevated 1-8 of an inch above that of the remaining portion.

All these appearances were totally wanting in the corresponding bone of the left femur. The angle formed by the junction of the neck with the shaft of the bone, different in the two bones; that of the right approaching much nearer to a right angle than the left, readily seen by taking a side view of the two bones, and rendered certain by comparison and measurement. A line extended from the margin of the indentation, on the head of the bone, to the linea aspera, seven inches distant, was distant from the root of the trochanter minor 1-6 of an inch farther on the right than on the left thigh bone.

The trochanters major, measured in breadth across the middle, differed 1-8 inch, that of the right being the broadest.

I placed the bones upon a smooth surface, side by side, resting upon their heads, taking care that the heads were placed evenly and on the same line, as also the shafts; in this situation, the trochanter minor of the

right thigh bone was seen quite in advance of its fellow of the left, approaching nearer the head of the bone. Placed side by side, as before, and bringing the trochanter major on a level, the shaft of the right fell quite below that of the left. The measure of the two bones I saw taken by Dr. Richmond and Mr. Holt, while sitting too far from them to see accurately; Mr. H. reported the length, as follows—right, 17 1-8 inches; left, 17 1-2 and 1-16 inches.

From the foregoing appearances, I am decidedly of the opinion that the neck of the right thigh bone has been separated from the shaft, having attached to it about two thirds of the trochanter major, and probably the trochanter minor. The foregoing is, in substance, what I am ready to depose under oath. (Signed) SAM'L S. KENDALL.

DEPOSITION OF PROF. CROSBY.

I, Dixi Crosby, of Hanover, Grafton County, and State of New Hampshire, physician, on oath, depose, testify, and say, that some three or four weeks since I was at the Dartmouth Hotel and saw two gentlemen (strangers). As I was leaving the vicinity, Mr. Morse, the landlord, called to me to stop, and introduced a man who proved to be one of the strangers I had just left in the Hotel. I believe Mr. Morse said his name was Andros or Andrus. The stranger introduced as Mr. Andrus said he wished to see me. I asked if he would go to my office or have a room in the Hotel; he said he had something which he wished to show me, and that we would return to a room in the Hotel. On our way to the room, we were joined by the other person whom I had seen in company with Mr. Andrus, and who was introduced as Mr. Johnson or Johnston. Mr. Andrus carried into the room a small leather trunk or valise, from which he took some bones, at the same time stating that I had heard and probably recollect the case of Mrs. Nelson; said that she was now dead, and that he had some bones taken from her after death, which he thought I might have the curiosity to examine. He said they had been carried to New York and shown to Dr. J. Kearney Rogers, that he had sawn them in pieces, and after a careful examination had made an affidavit that neither had been broken, and that both were alike. I asked him how he knew these were the bones taken from Mrs. Nelson, and asked if it was not possible, in the sending the bones and changing hands, to lose their identity. He said he could establish their identity, as he carried them to New York. In some incidental conversation with Mr. Johnson, he (Johnson) remarked, "I am not counsel in the case now, but was formerly, and," said he, "I believe you once gave an affidavit in the case." I replied that I did as to some points of observation in such cases. I examined the bones closely in every point and particular, both with the eye alone and the eye aided by a magnifying glass of considerable power.

Having completed my examination, I said, Now, gentlemen, I wish first to say that I have no knowledge or suspicion which limb is alleged to have been broken; so the knowledge can have no influence in fixing on the one I shall say has been broken, if either. I then said, my opinion is that the right limb is the one which was said to have been broken;

and my belief is that at some time there has existed an incomplete fracture, at the junction of the neck of the bone with the trochanter. The external appearance gave evidence, by its increased size, that it had suffered a severe contusion. The interior gave evidence of fracture, by the consolidation of the cells in the immediate place of fracture. There was a lateral curve in the neck. Of the shortening I could not judge, as the bone had been sawn transversely.

Mr. Andrus (who was also frequently called Major by the other gentleman) said that Drs. Rogers and Nelson, of New York, had given a different opinion, and had made an affidavit to that effect, which I might see; which I declined doing, but told them if they would go with me to the medical house, I would show them specimens which would satisfy them that the bone had been fractured; which they declined doing, as they were in haste to leave. Mr. Andrus asked me for my bill. I told him he was welcome to my opinion, for which he thanked me, and said he should have no further use for me. When I say an *incomplete fracture*, I mean where fracture really exists, but is not displaced.

I have evidence, from my own observation, that the cells in fractured bones are re-opened after a longer or shorter period from the time of fracture. In the specimens shown me by Major Andrus, I could not judge how much they really were restored, as they had not been sufficiently macerated to remove the fatty or oily substance with which the cells are filled in health. The exterior of the bones had the appearance of having been *scraped*, so that the place where the fracture existed did not present the rough appearance usually present in a comparatively recent fracture that had been macerated. (Signed) DIXI CROSBY.

Sworn before Wm. A. Ruggles, Commissioner
at Hanover, June 22d, 1844.

SECOND STATEMENT OF DR. RICHMOND.

In addition to my first statement relative to the marks of injury visible on the neck of the femur taken from the body of the late Mrs. Nelson, I wish to add, that since the examination first had, and since the bones were cleansed, I have once seen, and by request of Capt. Nelson examined them. I recognized the bones as the same taken from the body of Mrs. N., but with one manifest *alteration*. The point of bone projecting from the neck at its junction with the shaft, and named in my first statement, had in the mean time been *removed*. Its base was still quite apparent, though the whole of the upper portion of the bone where the *periosteum* was removed bore evidence of having been *scraped* with some sharp instrument; and I cannot doubt that the spiculum was removed by some *artificial means*. With this alteration, the external surface of the bone presented the same appearances as on my first examination. Previous to this, and since my first examination, a longitudinal section of the neck of the bone through the trochanter major had been made; this afforded me an opportunity of examining the cancellated structure, which was evidently much more dense at the point of supposed fracture.

Derby, July 8, 1844. (Signed) LEM'L RICHMOND.

AFFIDAVIT OF O. NEWCOMB, ESQ.

I, Orun Newcomb, of Derby, in the County of Orleans, and State of Vermont, depose, &c., that I was present at the *post-mortem* examination of the body of Mrs. Nelson, on the 2d January, 1843. There were also present, Drs. Barrett, Richmond, Breadon, Kendall and Colby, General Cushman, I. Linsey and Timo. Holt: Dr. Richmond operated. The upper portion of the right thigh bone was first taken out, and then the upper part of the left one; after an examination of the two bones, dissecting the flesh from them and measuring them, the lower portion of both bones was taken out. On comparing the two bones, I could easily see a marked difference: the bone of the right thigh was 7-16 of an inch shorter, by measurement, than the left one. There was also a plain difference in the angle of the neck of the bones. The outside of the upper part of the right bone was *broader* and *flatter* than the corresponding part of the left one; and in the middle there was a slight depression or hollow. On one side, either the back or fore side of the bone, was a ridge, commencing on the top of the bone and extending downwards and inwards, being, I think, largest towards the end on the opposite side; in the same direction was a groove or cavity, exhibiting to me the appearance of having been broken nearly or quite apart, in that direction.

There was also on the top of the bone, about where the neck is attached to the main shaft, a projection of bone, nearly of this shape \square , being broader and thicker at its base than at the top, and the upper portion somewhat rough.

(Signed) O. NEWCOMB.

EPIDEMIC ERYSIPELATOUS FEVER.—NO. X.

By J. A. Allen, M.D., Middlebury, Vermont.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 482.]

Alteratives.—NUNNELEY, who advocates the use of mercurials in erysipeloid disorders “till the gums become slightly affected,” indeed, declares that “*they would then be decidedly* improper, lest severe ptyalism be induced, which by adding to the previous irritation and excitement, as well as by the debilitating effect it has on the whole system, must be productive of great injury, and may plunge the patient into such a condition of prostration, as to place his life in the greatest danger, by the extensive sloughing which takes place under the influence of mercurialism, and the frightful rapidity with which it spreads.” My friend, Dr. Haile, of Crown Point, who has probably had as much experience in this disorder as any other man in this region, regards its alterative action, if carried to the point of salivation, equally pernicious, if not more dangerous, than the disease itself, on account of the augmented irritability and tendency it may induce about the fauces to sphacelation.

Dr. Sutton, of Aurora, Indiana, who appears to have made critical observation on this disorder, in its epidemic form, remarks, “in administer-

ing mercury in this form of the disease, a few doses generally fulfilled the indication, and, as I before mentioned, great caution was necessary; for wherever it produced its specific effect upon the mouth and salivary glands, I believe it was almost invariably attended by injurious consequences."

Emetics.—These, on account of the impression they make on the system, the tendency they have to interrupt the complaint at its forming stage, to remove any foreign or irritating substance from the stomach, and by a diffusive influence over the capillary circulation to relieve pulmonary or other congestions, have been found useful, especially in pulmonic affections. They are poorly adapted to remove engorgements of the brain.

In my hands those emetics have proved most useful into whose composition some of the acrid vegetable emetic articles entered—as *sanguinaria*, *polygala senega*, &c., in combination with emetic tartar, or ipecacuanha, varied as the pathological condition appeared to require. If there were inflammatory action present, the tartarized antimony was thus combined; if not, either the ipecac. was used, or else the simple acrid emetic drug was given uncombined. This process, in the incipient period of the disease, has also proved extremely useful on account of its generally having been soon succeeded by a free and easy diaphoresis.

Tonics and Stimulants.—These, in the protracted states of the disease, are generally demanded. Those of a permanent character are to be preferred. I have usually used a saturated infusion of *cinchona*, combined with aromatics, and the sulphate of quinine. When the powers of life falter, or there is a collapse, or congestion from atony, these should be administered almost without regard to quantity, and often repeated, till the desired object is accomplished. When there is great prostration, in my hands no adjuvant to the preceding has been equally efficient with the tincture of *cantharides*. This probably is one of the most effectual and powerful stimulants known; and the quantity requisite to produce an effect being so small, it will in most cases be tolerated when stimulants which require a larger quantity to be effectual will either disturb the stomach or produce, ultimately, depression. Of this latter description, are all the alcoholic or intoxicating liquids. No one questions but that brandy first excites action which ends in exhaustion, and leaves the body in a worse condition. Its secondary effects are depressing and pernicious to the nervous system. Its medical character is, therefore, too equivocal to obtain reliance in extreme cases, especially when life is in imminent danger. The wines, generally, are *too impotent and inadequate* to fulfil the requirements in urgent cases, and **THE DISTILLED INTOXICATORS**, or spirits, are deceptive and mocking. At any rate, such has been my experience in their therapeutic use, and such is the averment of divine writ. And yet, it must be admitted that besides their pharmaceutic uses, they have, also, their therapeutic advantage. The excitation they cause is, at best, evanescent; and, consequently, their advantageous employment, either in erysipelatous or other cases, must be transient and require restriction to sudden emergencies.

Local Measures.—Local applications may be regarded of a secondary

consideration. Timely applied, and properly adapted, they have their use. Stimulating applications, as capsicum, &c., which are popular among the people and countenanced by some professional men, cannot be productive of beneficial results while there is either local or systematic entonic vascular action. These, at this period, are better calculated to augment than to diminish the local affection. The same is also true of the more harmless class of farinaceous applications. The *whiting paint* of Dr. Mott, the *unguentum hydrargyri* of Drs. Dean and Little, or the *lard* of Mr. Brande, are none of them of much consequence in this species of erysipelatous disease. To allay morbid sensibility, and mitigate in some degree the erysipelatous inflammation, anodyne fomentations have been proved serviceable, such as the aqueous solution of opium, digitalis, conium *maculatum*, &c. Acetate of ammonia, acetate of potash, nitrate of silver, sulphate of iron, &c., in suitably dilute solutions, applied to the affected surface, have proved serviceable; and so have mucilaginous applications, and even pure tepid water. Mr. Abernethy's favorite application was the pulp of soft bread poultice, which he considered better adapted than any other to soothe the parts affected, and to abate their inordinate action. For the same object, I have repeatedly applied, with a good degree of success, the common *unguentum stramonii*. The solution of the sulphate of iron, as recommended by M. Velpeau, of Paris, in the proportion of an ounce of the salt to a pint of water, I have also used with benefit, both as a gargle when the mouth and tongue were affected, and as an application to the diseased surface.

In an asthenic state of the system, stimulants become necessary. Epispastics may now be advantageously applied in the vicinity of the local complaint, or on the surface over an internal affected organ. But neither the application of an epispastic, nor the eschar made by the pencilling with nitrate of silver, as advised by Higginbottom, has proved of that essential service in stopping the progressive migration of the local affection I had anticipated. In some instances, the circumscribing the affected part with either of these applications seemed to have been of service; in others, of no use whatever. The aqueous solution of the nitrate of silver, varying in strength from one to ten grains of the nitrate to an ounce of the liquid, used to keep the part constantly moistened, served as well as anything to mitigate the pain and irritation.

To remove the engorgement of the capillaries, while in a diseased and atonic state, after the violence of the inflammation has been subdued or abated, an alcoholic solution of iodine, as proposed by Mr. Davies, has been found of much service. A better composition than that used by Mr. Davies, for external use, is to make an alcoabolic soap liniment, and add from six to ten grains of iodine to each ounce. This may advantageously be applied over the whole erysipelatous surface.

Local bloodletting, as advised by Mr. Dobson, by means of punctures, or the still more surgical treatment recommended by Copeland Hutchinson, and by Mr. Travers, by incisions, has not in this vicinity been used to my knowledge. In diseases of a constitutional and epidemic character, as ours mostly have been, these local means could not have proved very

beneficial. By the hæmorrhage thus induced, they might have proved slightly useful by unloading the surcharged capillaries of the part incised; or, if performed as advised by Mr. Lawrence, by carrying the incisions through the fascia, when the parts beneath it were implicated, and severe pain produced by the distension, essential relief may have been obtained. These chirurgical measures may prove, and undoubtedly have proved, useful in local affections; but it is evident no great reliance can be placed on them when the whole system is primarily affected.

Dr. Gregory, in his *Practice of Physic*, in my apprehension, has recommended a course of procedure not only erroneous in principle, but dangerous in its practical consequences. "Keeping in view," says he, "the various circumstances of situation, age and constitution, it does not appear that any important difference of principle is to be established between the treatment of erysipelatous and of common phlegmonous inflammation." The same antiphlogistic and repellent means used in the former, that are universally adapted in the latter, must endanger the patient; especially if the erysipelatous affection be on the surface, by the production of a metastasis to some vital or more important organ. This liability to a repercussion, or change of location, makes an essential difference in these two affections, of which the practitioner ought to be aware, otherwise he will be liable to put the life of his patient in an unnecessary jeopardy. Dr. Mott says he has seen fatal results from the practice here censured. None have fallen under my observation. It may be asked, what shall be done when the local erysipelatous affection is intensely hot, much swollen and painful? To mitigate these sufferings, experience has convinced me that tepid evaporating lotions, either anodyne and mucilaginous, or nitrate of silver, or camphorated spirit and water, are equally efficient in diminishing the pain and heat, with cold lotions, and are free from the danger of these applications. To be sure, cold applications may sometimes be used in these cases without fatal results, but these are exceptions to the general rule. An instance of this kind is recorded in the fourth volume of the *American Journal of Medical Sciences*, which occurred in the Baltimore Alms-house Infirmary, and is reported by Dr. I. H. Wright. His cold applications consisted of an aqueous solution of hydrochlorate of ammonia and spirit of camphor. They are said to have been useful, but their adoption as precedents must be hazardous.

In conclusion, not to present my cordial thanks to the editor of the *Journal* for his indulgence, and the extreme care he has taken in the correction of the proof-sheets, would be doing violence to my own feelings. And, to those who have or may peruse these numbers, I have to remark, my intention has been to present the subject according to truth, in such a manner that practical advantage might be the result. If any dissent from me in opinion, it is to be recollected that my object is to propose to, not to impose upon, their judgment. The subject has augmented as I have progressed. It demands a more extended consideration, but must suffice for the present. If I have not exhausted the patience of the kind editor, I may have that of the medical public.

AN ESSAY ON THE HUMAN COLOR.

[Concluded from page 499.]

No writer has produced a more labored comparison between the white man and the man of color, than Mr. Jefferson, in his "Notes on Virginia." Mr. Jefferson does not profess to absolutely believe in the inferiority of the man of color, but proposes many queries and arguments by way of stimulating further inquiry upon the subject. "The first difference," he observes, "which strikes us, is that of color. Whether the black of the negro resides in the reticular membrane between the true skin and the scarskin, or in the scarskin itself; whether it proceeds from the color of the blood, the color of the bile, or from some other secretion, the difference is fixed in nature, and is as real as if its seat and cause were better known. And is this difference of no importance? Is it not the foundation of a greater or less share of beauty in the two races? Are not the fine mixtures of red and white, the expressions of every passion by greater or less suffusions of color, preferable to that eternal monotony which reigns in the countenances, that immovable veil of black, which covers all the emotions of the other race?"

It is surprising that so philosophical a man as Mr. Jefferson did not perceive that he was arguing in a circle, and trying to convince himself and his readers by a romantic eulogy upon the color of the whites, instead of presenting an accurate comparison of the differences between the two colors. The Chinese and the Africans are as fully aware of the difference in color as we are, and can retort all the questions which Mr. Jefferson has put, with full as much consciousness of the superiority of their own color. They can say, that "whether *this whiteness* resides in the reticular membrane between the true skin and the scarskin, or in the scarskin itself, the difference is as fixed in nature and is as real as if its seat and cause were better known." The mere circumstance of our making the color of the black man a theme of philosophical speculation, confers upon us no right to make our own color the standard of beauty. The color of the white man is as monotonous to the eyes of black men, as the black man's color is to us. They are not familiarized to these "fine mixtures of red and white," as we are. The color presents to them "one *eternal monotony*." Besides, it is not a fact that "the fine mixtures of red and white, by the greater or less suffusions of color, are the expressions of every passion." Every physiologist knows that the expression of the passions almost entirely depends upon the contraction and relaxation of the muscles, independent of any change of color. Indeed, were there no other expression of the passions than the greater or less suffusions of color, the countenance of the white man would be very much of a blank. It would only become red or pale; it would give us the expression of a fever or of faintness, and nothing more. It is even doubtful whether the change of color to which the whites are exposed under the influence of the passions, does not contribute as much to deformity as to beauty. The paleness of fear is certainly not beautiful; nor is the redness of anger. The leaden hue of despair is a positive deformity. Black peo-

ple are also subject to a change of color, though in a much smaller degree. For want of a familiarity with the color, it is not always visible to us, when it is very perceptible to them. Among the clear Africans, there is a great difference in the color of different individuals; some are only brown, while others are of a shining black. I have noticed as great a difference between the color of two Africans, as there is between a common white man and the lightest colored of the Africans. I have heard them exclaim that such a person was too black to look well, precisely as we do of those of our color who possess a very dark complexion.

Our ideas of beauty depend so much upon what we are accustomed to see, and upon the intellectual laws of association, that were every nation to produce a standard of their own, we should, in proportion to the relative number of each color, at least, have three black beauties to two white ones. It may sound strange to the ears of many to hear a black skin pronounced beautiful, but the assertion has been made by a distinguished English traveller. I quote from a popular work, called *Geographical View of the World*. "Of that part of Ethiopia or Nubia which separates Sennaar from the second cataract of the Nile, little was known until the year 1821, when Mr. Waddington and Mr. Hanbury visited these regions. The most remote district visited by them was Dar Shegy'a, through which the Nile flows from north to south for nearly two degrees. It is subdivided into three States, often at war with each other, but ever ready to unite against a common foe. *The people are black, a clear, glossy jet black,*" says Mr. Waddington, "which appeared to my then unprejudiced eye to be the finest color that could be selected for a human being."

In a word, it appears to me that the whole sum and substance of the argument of the whites, is this, that with them their own color is the most fashionable, and of course will continue to be the most beautiful until the fashion changes. Whatever nation possesses the superiority in the arts, in arms, in knowledge and in wealth, will from the force of admiration, emulation, and the universal love of splendor and glory among mankind, be pronounced the most beautiful, be the color what it may. Egypt was once this nation. It was the place where the scholars of Greece and Rome went to complete their education. The monuments of its ancient renown still continue to astonish us. The ancient Egyptians were black, and their hair short and curling. "The Colchians," says Herodotus, "certainly appear to be of Egyptian extraction, which, indeed, before I had conversed with any one on the subject, I had always believed. I interrogated the inhabitants of both countries; the result was that the Colchians seemed to have better remembrance of the Egyptians, than the Egyptians of the Colchians. The Egyptians were of the opinion that the Colchians were descended of a part of the troops of Sesostris. To this I myself was also inclined, because they were black and have hair short and curling; which latter circumstance may not however be insisted on as evidence, because it is common to many other nations." Says Mr. Volney, in remarking upon this passage, "That is, the ancient Egyptians were real negroes, and of the same species with

all the natives of Africa, and though, as might be expected, after mixing so many ages with the Greeks and Romans, they have lost the intensity of their first color, they still retain strong marks of their original conformation."

"Besides those of color, figure and hair," continues Mr. Jefferson, "there are other physical distinctions proving a difference of race. They have less hair on their face and body. They secrete less by the kidneys and more by the glands of the skin, which gives them a very disagreeable odor. This greater degree of transpiration renders them more tolerant of heat and less so of cold than the whites."

Women have no beards, and much less hair on the surface of the body generally than men, and yet it was never suspected that women, on account of this distinction, were a distinct race. The physical distinction in the organization of man and woman, is much greater than any distinction which exists between the different colors of men. It is the greatest distinction by far of any which exists among mankind, but was never conjectured to be a proof of a difference of race. It is a strong proof, on the contrary, that great physical distinctions may exist without destroying or materially affecting the identity of the human race. The identity of the human race appears to depend upon a sameness of structure in the external senses, and the organization of the brain and nervous system in general. Neither the hair, the figure, the bones of the skull, or the color, appear to hold any near relation to the mind. The hair possesses no sensibility, and whether there be much of it or little, whether it be long or short, straight or curly, or even whether there be none of it at all, as in many bald people, seems to be no essential matter as it respects the strength or weakness of the intellectual powers. Neither does the mind reside in the bones of the skull. All the bones of the African race are thicker and bulkier than the bones of the whites. The skull bone is an index of the general thickness of the other bones of their systems. This fact has never been attended to by anatomists and physiologists. In all children, these bones are extremely thin at a time when the mind has scarcely begun to develope itself. In the adult, the bones have become thick, and the mind strong. This fact militates strongly against the opinion that a thick skull bone is proof of inferiority of mind. Many of the lower animals have extremely thin skull bones, while yet they betray but little proof of intelligence. The bones of the heel have a still more remote relation to the capacity or the incapacity of the mind, than those of the skull. In both these respects the African has the advantage of the white man. The brain is better defended, and the strength of the foot is increased. The foot of the African is better adapted to the support of the superincumbent weight of the body.

The assertion of Mr. Jefferson that the blacks secrete less by the kidneys and more by the glands of the skin, is not a physiological fact. I have never met with the observation in the course of twenty years' medical reading, or noticed such a fact in the course of seventeen years' practice in a city where one twelfth of the inhabitants are black; or of its having been noticed by any other practitioner of medicine. Laboring

people perspire more than others, and consequently secrete less by the kidneys. The blacks being mostly laborers, must have originated this idea in the mind of Mr. Jefferson.

The common opinion which Mr. Jefferson endorses as a physiological fact, that black people can bear heat better and cold not so well as the whites, is also an error. It is well known that the same degree of health and strength which enables a man to bear one extreme well, will also enable him to bear the other equally well. This fact is well known among sailors and travellers who experience the extreme changes of different climates. Those who stand the heat with impunity, will also stand the cold the longest without freezing. The same man who can labor in the open field, uncovered, in the hottest days in summer, will be the ablest to withstand the severest cold of winter. The blacks, although they go thinner clothed than the whites in winter, do not oftener freeze. The idea must have originated in the conjecture that such must be the fact, because they came from a warm climate, or from an analogy to those vegetables and animals which can only flourish in the warm latitudes. No such observation has ever been made of the Indians or the Asiatic nations, although many of both live in the northern latitudes. Query—how black must a man be before Mr. Jefferson's remarks apply to him?

The greater transpiration of the skin, Mr. Jefferson says, gives to them "a very strong disagreeable odor." But this odor arises from a secretion by the axillary glands situated under the arm. It is a little different from the odor of the same secretion in white people, but I have heard the blacks say it was not stronger or more disagreeable than the same odor in white people. Where they observe an equal degree of cleanliness, they betray no more of it than the whites do. Every individual emits a peculiar odor from the axillary and other glands of the body, insomuch that blind people can identify their acquaintances by the sense of smelling. This, to be sure, is a physical distinction, but not of sufficient magnitude to furnish a proof of a difference of race. Poverty and its concomitant, if not consequent personal uncleanness, has thus subjected the blacks to a dislike on the part of the whites.

Great physical distinctions in color, size, hair, and features, exist among the whites, without corresponding differences in the degree of personal beauty, or intellectual endowments. I have already noticed the distinction between the sexes, which is the greatest which can be supposed to exist between two individuals of the same species, and which furnishes us with no proof of "a difference of race." A brunette complexion of the darkest hue, accompanied with black eyes, and black and curly hair, not only often occurs among us, but is pronounced perfectly beautiful. In the settlement of these questions the opinions of the blacks should not be entirely disregarded. They, especially the Chinese and American Indians, must be supposed to have some little sense of the true and the beautiful as well as we, and some judgment of their own capacities in comparison with ours. They never feel, they never see, and they never manifest, either in word or deed, any inferiority to the whites. In war and in peace, they meet the white man only as an equal, nor dream they of any superiority.

to which he could not then advert. A weight of air of about 36,000 lbs. presses upon the human body. That the abstraction of the smallest quantity of this would produce sensible effects, is proved by the action of the cupping glass. The enormous pressure which is complained of even when the most minute portion of the air is removed, becomes a source of disease, and by the practice which has been pursued in France for the relief of apoplexy by exhausting the air round the leg, varicose veins have been instantaneously produced.

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The hair of the African is finer than that of the European. The curliness of the African hair is owing to its fineness. In some individuals of an equally deep color, it grows much longer than in others. Being curly and matted together, it easily wears off, and is, in this way, kept much shorter than where pains are taken to braid it and to keep it clean and straight. There is as great a diversity in its length in different individuals, as in the length of the hair of white people. The broad, flat features, and the thick, heavy muscles and bones of the blacks, deviate no more from the true standard of beautiful proportion, than the long, sharp, peaked features, and the thin, slender, light muscles and bones of the whites. Perfect symmetry lies between the two extremes.

Providence, R. I., May 31, 1844.

D. B. SLACK.

DR. BEDFORD'S NOTE IN CHAILLY'S MIDWIFERY.—REPLY TO
"ARGUS."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A writer in No. 23 of the Journal, over the signature of Argus, has perpetrated a piece of hypercriticism upon one of Dr. Bedford's notes in the late edition of Chailly's Midwifery, which seems to call for a brief animadversion. It seems that he is indebted to Dr. Huston's Medical Examiner for his knowledge of the subject, not having taken the trouble to examine the work from which it is extracted, such was his haste to become a censor morum, and of course ignorant of the appositeness of the note to the text which it illustrates.

This Argus appears to think it impossible, or at least incredible, that any person having "the title of physician" could betray such ignorance as that ascribed to one such in Dr. Bedford's note; and even admitting that such a case really occurred, he "protests against the utter *impolicy, impropriety, inexpediency and unprofessional bearing*" of exposing it.

Now your correspondent must be indeed *green*, if he can have any doubts that multitudes having "the title of physician" can be found, who are every day disgracing the profession, and outraging humanity by as flagrant blunders as that detailed by Dr. Bedford as occurring under his observation. Every experienced practitioner could relate a hundred equally culpable examples which he has detected, and those which escape detection are doubtless innumerable. So much for the "policy, propriety, expediency, and *professional bearing*" of impeaching the veracity of a reputable member of the fraternity, in a respectable medical journal, on so slender a pretext.

But the other criticism of Argus is still more exceptionable, for he insists that "it is undignified and uncalled for" to publish the fact that under "the title of physician" such gross ignorance may be found. He would conceal such facts, and permit quackery to go unrebuked when sheltered by a diploma, however mischievous to the health and lives of the community. But the profession and the public think otherwise, for the exposure of such blunderers serves to put people on their guard

against ignorance and imposture, prompting them to discriminate among those "having the title of physician," and select such as are educated and qualified for their duties by something more than the title.

And now a word for the private ear of your correspondent, for if he be as *green* in the profession, as he is in his knowledge of his mother tongue, I should not be surprised to learn that he knows somewhat of the case related by Dr. Bedford, and that it is only the "galled jade wincing" over the signature of Argus. And I would just say to him, in a whisper, that before he again assumes the critic's chair, a slight attention to English grammar, and the rules of composition, will suitably occupy a pair of his hundred eyes. And should he wish any acquaintance with Dr. Bedford's notes beyond that furnished by the Medical Examiner, he will be able to procure a copy in a few days, as the Harpers have in press a second edition, the former having been all disposed of in a month from its publication.

CYCLOPS.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 31, 1844.

Effects of Variations in the Atmosphere on Diseases of the Chest.—Dr. Sigmond, of London, recently delivered a lecture before the Royal Botanico-Medical Society, on the effect of the tides in the atmosphere on disease, in which he endeavored to show that diseases of the chest, and more particularly asthma, were influenced less by the medicinal character of substances inhaled as remedies, than by a modified state of the air produced by them. The tides of the atmosphere, he maintained, four times each day, produce marked changes in those who are diseased. "The paroxysms of asthma," he said, as we learn by the London Medical Times, "consist of a struggle on the part of the muscles which act in compressing or expanding the chest in the acts of inspiration and expiration, the excess of exertion bringing on it an associated condition of the other muscles, the consequence of which is, action of the chest without a perceptible interval. One of the remarkable features of asthma is the periodicity of these paroxysms. Shortly after midnight the asthmatic knows, by peculiar precurrent symptoms, that he will experience his attack, and during the presence of the disease he is attacked about the same hour each night until it ceases. This periodicity of the disease had attracted the attention of medical men in all ages, and the greatest anxiety had been evinced by the profession to ascertain its cause. Dr. Sigmond believed, from his own observation, and likewise from the assistance which had been given him by others, that the rarity or density of the atmosphere, as produced by its diurnal tides, which were proved by La Place, by Humboldt, and by observations of meteorologists, to take place in twenty-four hours, materially influenced diseases of respiration, and of the nervous system. He looked to these tides as the cause of the periodicity which was observable in fever, in epilepsy, and in a variety of diseases,

to which he could not then advert. A weight of air of about 36,000 lbs. presses upon the human body. That the abstraction of the smallest quantity of this would produce sensible effects, is proved by the action of the cupping glass. The enormous pressure which is complained of even when the most minute portion of the air is removed, becomes a source of disease, and by the practice which has been pursued in France for the relief of apoplexy by exhausting the air round the leg, varicose veins have been instantaneously produced.

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Patent Office Reports.—Out of the way as it may at first appear, to notice, in a medical periodical, documents emanating from the National Patent Office, the object in now doing so is to speak of Dr. Page, who is permanently connected with that department.

A huge mass of documents, making an octavo of 335 pages, was provided for the members of Congress, that they might understand how and what they had been doing the last year in the new stone edifice. All the gentlemen holding subordinate offices under the Commissioner, Mr. Ellsworth, furnish such materials towards swelling up the size of the book, as were legitimately gathered from the materials under their care and keeping, embracing their own wise thoughts or suggestions on each topic under consideration. In the last of the series, comprising Part II., is the report of the *First Examiner of Patents*, Charles G. Page, M.D., late of Salem, Mass. He shows so much learning and philosophy, in his remarks and suggestions, that it must have been perceptible to the members of Congress that the humble examiner of patents is a man of uncommon powers. Dr. Page's analysis of the present condition of agriculture in the United States, is a performance of very great value. He enters into a consideration of the chemical processes of manufactures and compounds, including medicines, dyeing, color-making, distilling, soap and candle-making, mortars and cements. No art escapes his argus eye, and he therefore shows not only the past, but the present and prospective condition of all the useful, elegant and economical arts known to civilization.

Those who have been in the habit of reading the reports of the French Academy, will recognize the same far-seeing, yet exact scientific detail in this gentleman's reports, that characterizes those of the French philosophers. With all this varied learning respecting the things on which the prosperity and real independence of a nation depends, Dr. Page has never neglected the study of medicine. Chemistry, however, is the field in which he appears destined to be hereafter particularly distinguished. It was wise in the trustees of the Columbian College, therefore, when they placed him in the Chemical chair. He will certainly give character to it, and infuse some of the spirit, which animates himself, through the pupils who may yet take their first lessons in this branch of science from his lips.

Anatomical Atlas.—We are informed that the Anatomical Atlas of Drs. Smith and Horner, of Philadelphia, which we suggested week before last might have been discontinued, is now rapidly advancing towards its completion, and that Part III. will be published next month, its delay having been occasioned by the difficulty of having the subjects of that Part executed in the best manner. It is thought that all the five Parts will be completed in September; and as no pains nor expense have been spared in its preparation, there is no doubt the work will give entire satisfaction to the medical public.

Rush Medical College.—The next annual course of lectures in this institution, which is located in Chicago, Ill., will commence on the first Wednesday of November. We perceive that Dr. Austin Flint, of Buffalo, N. Y., well known to the readers of this Journal as a contributor to its pages of several valuable communications during the last few years, is appointed to the chair of the Institutes and Practice of Medicine.

Postage on Medical Journals.—It is of the utmost importance to the profession, and indeed to the whole community, that every facility should be afforded for the diffusion of medical, agricultural, and scientific intelligence. To accomplish this, medical men, agriculturists and others, should unite to induce Congress to reduce the postage on such periodicals to the same rate as that on newspapers.—*Philadelphia Medical News.*

We fully agree with the above opinion in relation to the postage on medical journals; and we would suggest the propriety of presenting a memorial to the next session of Congress, asking for such reduction of postage. The next session would be a peculiarly appropriate time for such a measure, as the rates of postage will most probably undergo some modification at that time.—*Western Lancet.*

We are glad to see this subject brought forward. The difference between periodical and newspaper postage, established by law, is unjust and unreasonable. The definition, too, of the difference between the two classes of publications is so obscurely laid down, that postmasters are often in doubt, and we are frequently appealed to, in the case of our own Journal, to decide the matter between a subscriber and the postmaster. The department at Washington has shown no disposition to put a liberal construction upon the terms of the law, and the postmaster at Pittsburgh, Va., has lately thought himself justified in so construing the law as to demand nearly 4 cts. a No. for this Journal! If something is not soon done, periodicals, as well as letters, will circulate, on all the great routes at least, through other channels than the public mail-bags.

Medical Convention of Ohio.—The annual meeting of this association was held in Mount Vernon, commencing on the 28th of May, and remaining in session three days. About *one hundred* members were in attendance, ninety-four being registered, but a number were present whose names were not recorded. We regard this as one of the most satisfactory and successful conventions ever held in the State. It is true, the original papers read were not as numerous as was anticipated; but the discussions elicited, taken in connection with the essays themselves, and several highly important measures originated during the sitting, indicate that the members were not inactive. Indeed, but one feeling seemed to pervade this large assemblage of medical men, and that was, a disposition to vie with each other in contributing their influence to secure the objects for which the members had convened.—*Western Lancet.*

To Correspondents, &c.—Dr. Dixon's remarks on medical legislation have been received.—On the cover of last week's Journal, the title of M.D. attached to the name of J. R. Dillingham should have been omitted.—Some of the incidental remarks in the essay on human color, in to-day's Journal, may perhaps be considered to require a reply, by some of the readers of the Journal. A suitable one would be inserted, though the subject is such as should preclude a lengthened discussion in the Journal.—The Medical Communications of the Massachusetts Medical Society have been received.

Number of deaths in Boston for the week ending July 27, 47.—Males, 23; Females, 24.

Of consumption, 6—scarlet fever, 7—teething, 5—inflammation of the bowels, 3—infantile, 5—cholera infantum, 7—dropsy in the brain, 1—lung fever, 1—hemorrhage, 1—apoplexy, 1—disease of the heart, 2—diarrhea, 1—bowel complaint, 2—fits, 1—cholera morbus, 1—old age, 1—dropsy, 1—decline, 1.

Under 5 years, 30—between 5 and 20 years, 2—between 20 and 60 years, 8—over 60 years, 7.

Trepanning in Cases of Injury.—The operation of trepanning is very, very seldom required now-a-days. In the mining districts you may have occasion to perform it now and then, and in military practice; in civil practice very seldom indeed. You have seen it performed a few times in this hospital. You have seen it resorted to successfully for the purpose of evacuating matter, both in the practice of myself and colleagues. Some of you may recollect the case of a boy who had, a good many weeks before being brought to the hospital, been upset, tumbled like a cat out of a basket, from a cart containing ginger-beer bottles. He had tumbled out among the bottles; some of them broke, and a portion of one of them stuck on the vertex and penetrated the cranium. He was treated by my old pupil, Dr. Bain, at Poplar, for some time, but at last he began to get very bad; there was a great deal of fever, shivering, and headache, and then he became comatose, and continued so a day or two. Relief was afforded by a spontaneous escape of matter from the wound, and having had two or three alarming attacks of the kind, he was brought to the hospital. On examining him there was found a small ulcer of the scalp and a perforation of the cranium. This was about a month after the infliction of the injury. I had the wound exposed; he was sensible at the time, and there was an opening into the bone. The trephine was applied to the edge of it, and a circular piece of bone was taken out. We then found that the inner table had been broken away, and there was a spiculum adhering to the portion of bone which had been removed. A little splinter or two were taken away, and a considerable quantity of matter escaped. The patient never had an unfavorable symptom, and recovered rapidly.—*Liston's Lectures, in London Lancet.*

Acute Rheumatism treated by the Use of Nitre.—The treatment of rheumatism by nitre in large doses has hitherto appeared to me to present great advantages over the other plans of treatment which are generally adopted, and more especially over the extreme depletion system. Whenever a patient loses much blood during the treatment of a disease, be it artificially or naturally, the convalescence is long, and during that convalescence he is much more exposed than a person in health to morbid agencies. I have known persons remain months, nay years, in an anemic state, weak, and sickly, after having been cured (?) of rheumatism by Bouillaud's plan of bleeding *coup sur coup*. A treatment, therefore, which overcomes the disease without exhausting too much the sources of life, is decidedly preferable to any other; and such is the treatment of rheumatism by nitre. I have many a time seen a strong muscular man, between twenty and thirty, brought into the wards, presenting the most marked symptoms of acute rheumatism: the pulse 100, full, bounding; the ankles and knees, wrists and elbows swollen, painful, and red; the skin hot, the face flushed: such a case, in a word, as a practitioner would consider himself called upon to bleed to deliquium. An ounce of nitre has been administered daily, and in two or three days the pulse has fallen and become soft, the skin moist, the joints less painful and less swollen, and in less than a fortnight the patient has been out of bed, allowed to eat, and able, after a week or two's rest, to resume his labors. The remedy, also, is cheap, an important consideration in the treatment of the poor, and is easily administered.—*Dr. BENNET, in Lancet.*

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